

FAMILY PLANNING



Promoting Pregnancy Intendedness and Family Planning in Maryland

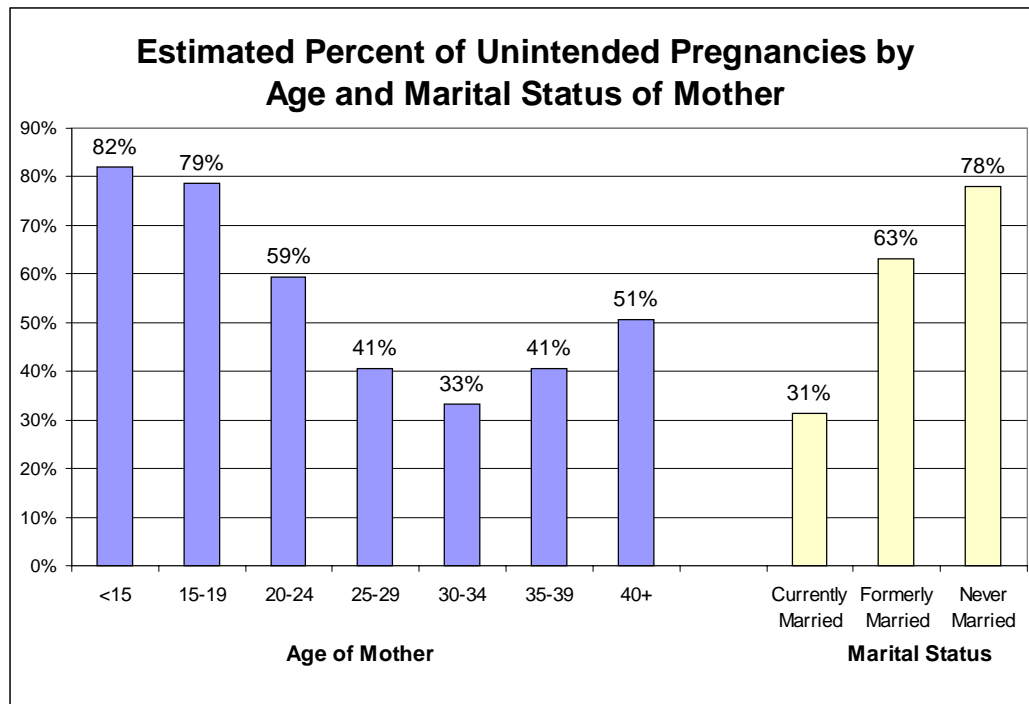
Definition

Family Planning is the process of establishing the preferred number and spacing of one's children, selecting the means to achieve the goals, and effectively using that means. It is a collaborative decision between a woman, her partner and her health care provider about if and when to become pregnant, how many children to have, and how to plan a healthy pregnancy.

Intended Pregnancy is a pregnancy that a woman states was wanted at the time of conception.

Problem

An estimated 49% of pregnancies in the U.S. are unintended. Pregnancies that are not intended run a higher risk of adverse consequences for women including pregnancy termination, reduced educational achievement and employment opportunity, increased welfare dependency, and increased potential for child abuse and neglect. Unintended pregnancy contributes to health care costs, regardless of the outcome. Medically, unintended pregnancies have an increased likelihood of infant and maternal illness, and abortion.



Source: Henshaw, Stanley K. (1998). "Unintended Pregnancy in the United States." *Family Planning Perspectives* 30 (1), 24-29, 46.

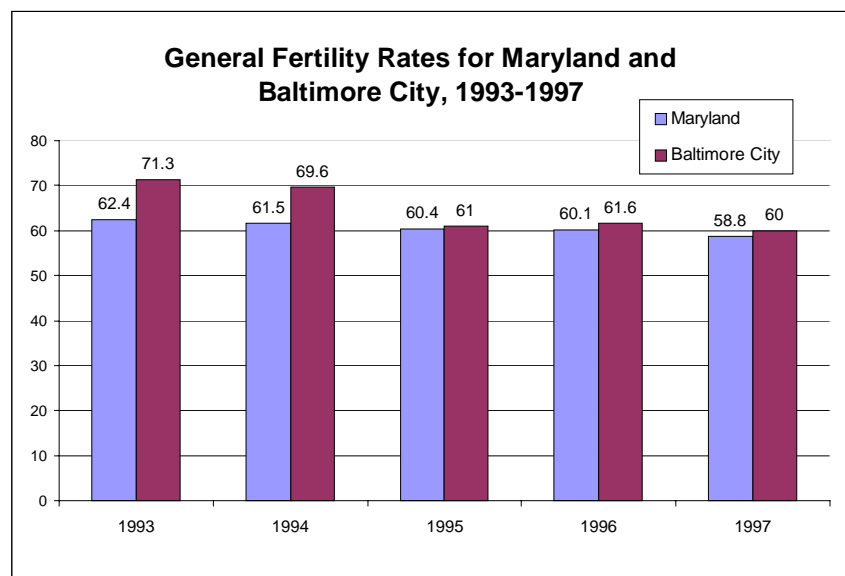
With an unwanted pregnancy, the mother is less likely to seek prenatal care in the first trimester and less likely to receive any prenatal care. She is less likely to breast-feed and more likely to expose the fetus to harmful substances such as tobacco and alcohol. The child of such a pregnancy is of greater risk of low birth weight, dying in its first year, being abused, and insufficient resources for healthy development.

For teenagers, the problems associated with unintended pregnancy are compounded by reduced educational attainment, fewer employment opportunities, increased likelihood of welfare dependency, and poorer health and developmental outcomes. Teenage mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and live in poverty than their nonpregnant counterparts. Infants born to teenage mothers, especially mothers under age 15, are more likely to suffer from low birth weight, neonatal mortality and sudden infant death syndrome. They also may be at greater risk of child abuse, neglect, and behavioral and educational problems at later stages.

In Maryland, as in the Nation, African-Americans are at greater risk of unintended pregnancy and poor pregnancy outcome. These racial disparities must be addressed in public health programs.

Determinants

In order to increase the proportion of pregnancies which are intended, a number of key determinants need to be in place. The first and probably most important is that the nation, and Maryland, adopt a social norm in which all pregnancies are intended. This was the foremost recommendation of the Institute of Medicine report, *Best Intentions: Unintended Pregnancy and the Well Being of Children and Families*, 1995.



Source: Maryland Vital Statistics, Annual Reports, 1993-1997

Note: General Fertility Rates are the total births per 1000 women aged 15-44.

In Maryland, there is evidence that the number of unintended pregnancies has declined over the last decade. From 1993 to 1997 there has been a decrease in the birth rates throughout the State and in Baltimore City. This decline in birth rates, which is consistent with the decline in national rates, has been attributed to several factors. These are the increased use of DepoProvera and other effective contraceptive methods; increased abstinence; an increase in the number of programs that serve men; and, the increase in public condom distribution.

One of the most important determinants of pregnancy and birth rates is contraceptive use. Since 1982, the percentage of women in the U.S. using contraceptive methods has risen from 56% to 64%, and yet 5.2% of all women, age 15 to 44 years, who had intercourse in the last three months

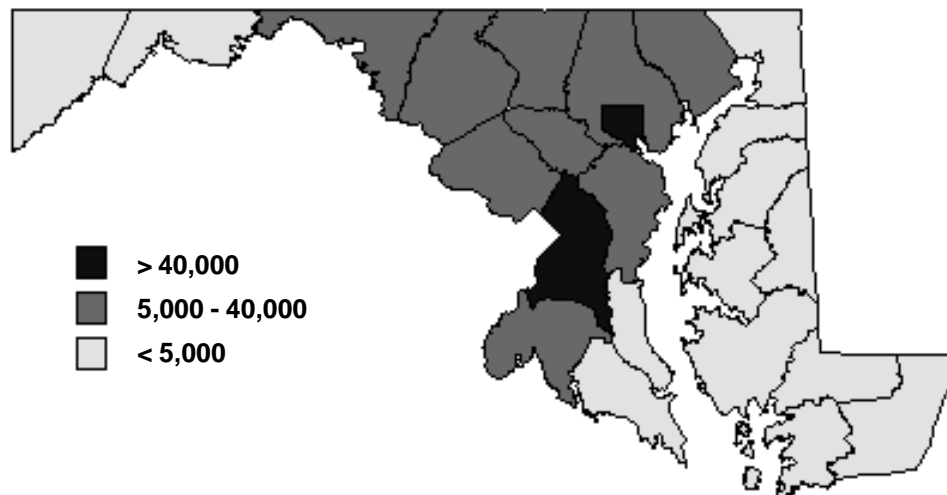
did not use contraceptives. The effectiveness of the contraceptive method being used is an important consideration. There are no perfect methods of contraception; nor is any one method likely to be consistently and continuously suitable for each woman, man or couple.

In Maryland, as in the United States, the choice of contraceptive methods needs to be expanded. This expansion includes the development and increased use of newer and more effective methods, and also the availability of methods not yet available in this country. Surveys indicate that knowledge and use of postcoital contraception remains low among patients and clinicians alike.

Gaps in service and coverage still exist and private health insurance coverage of family planning and contraceptive services is modest. Even for those who are covered by private insurance, family planning and contraceptive services are frequently not included or may require deductibles or copayments.

The map below provides a measure of need by showing the number of women in need of publicly supported family planning services:

**Number of Women in Need of Publicly-Supported
Family Planning Services, Maryland, 1995**



Source: Women in Need, 1995, The Alan Guttmacher Institute

Note: Total 257,430

Although unintended pregnancies occur among women of all socio-economic levels, marital status and age groups, unmarried women, poor women and African-American women as well as women at either end of the reproductive age span are especially likely to become pregnant unintentionally. These women are the least likely to have the resources necessary to access family planning services and the most likely to be negatively affected by an unintentional pregnancy. Half of all women who are at risk of unintended pregnancy and need publicly subsidized family planning services are not getting them, despite the efforts of various private and public organizations, including Federal Programs.

A 1995 survey of the Nation's family planning providers estimated that only three-fourths provided contraceptive services to hard to serve populations such as men, substance abusers, disabled persons, incarcerated men and women, homeless persons, and non-English speaking minorities. Furthermore, we do not know if those agencies that did provide services targeted services to special populations or simply provided care to those who happened to seek it. The need for family planning services among these groups is undeniably great.

Language and cultural differences are significant barriers to serving non-English speaking minority populations. Understanding and reaching such populations can be difficult.

Objective 1 - Increase the proportion of intended pregnancies in Maryland from 51% in 1998 (national estimate) to 70% in 2010.

Objective 2 - Increase the proportion of Maryland females at risk of unintended pregnancy (and their partners) who use contraception from 93% in 1995 (national estimate) to 100% in 2010.

Action Steps

- ⇒ Promote the use of the most effective contraceptive methods.
- ⇒ Expand the choice of contraceptive methods available in Maryland.
- ⇒ Promote the use of abstinence and other sexual alternatives.
- ⇒ Increase the number of programs that serve men and teach men the value of sexual responsibility.
- ⇒ Distribute condoms through easy and anonymous access at a large number of public sites.
- ⇒ Develop an advisory coalition of organizations and citizens focused on pregnancy intendedness. Bring together other health programs with similar health concerns (HIV, Sexually Transmitted Infections, Prenatal Care).
- ⇒ Identify the data that are needed to work toward Year 2010 goals and objectives and develop a surveillance system for pregnancy intendedness in Maryland.
- ⇒ Develop and implement strategies to strengthen the value of "intended" pregnancy in Maryland.

Partners

Baltimore Community Foundation • Center for Maternal and Child Health, DHMH • Johns Hopkins University, School of Hygiene and Public Health • Maryland Community Health Centers • Maryland Local Health Departments • Maryland Primary Care Services, DHMH • Pfizer, Inc. • Planned Parenthood of Maryland, Inc.

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Cross-Reference Table for Family Planning

See Also

Calvert County 163